

DISABILITY & HEALTH DISPARITIES

Behavioral Risk Factor Surveillance System (BRFSS)

More Common Than You Think

Most people will have a disability at some point during their life. In Washington State, more than one in five adults has a disability. People with disabilities are often underserved by the public health and health care systems. Because people with disabilities may have limited access to public health and clinical services, they may be at higher risk for other health problems, and face disadvantages in overall health and well-being.

Topics

This is the first of a series of fact sheets comparing the health and health behaviors of adults (≥ 18 yrs) in Washington State with and without disabilities. Fact sheet topics include:

- Overview of Adult Health
- Access to Health Care
- Cancer Risks and Screening
- Heart Disease and Stroke
- Obesity and Physical Activity
- Injury and Violence
- Oral Health
- Tobacco Cessation

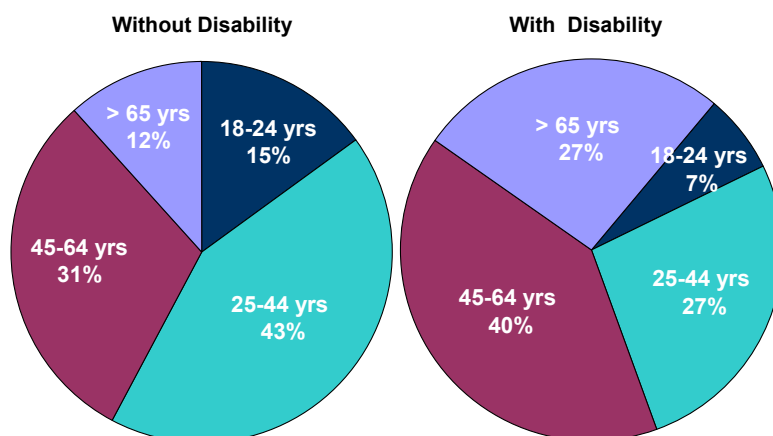


Who in Washington Has a Disability?

In 2004, 22.5% of adults in Washington State had a disability. Compared to people without disabilities, those with disabilities were:

- Older, on average.
- More likely to be white, non-Hispanic.
- Less likely to have graduated from college or obtained an advanced degree.
- More likely to be unemployed or unable to work.
- More likely to live in a household with low income.

Age by Disability, 2004



Characteristics	Disability	No Disability	Total
Race & Ethnicity			
White, non-Hispanic	86.5%	80.4%	81.8%
Education			
College Graduate	30.8%	40.6%	38.2%
Employment (18-64yrs)			
Employed	52.4%	73.7%	69.5%
Income			
< \$25,000	37.9%	22.1%	25.7%

DISABILITY & HEALTH DISPARITIES

Behavioral Risk Factor Surveillance System (BRFSS)

What is BRFSS?

The Behavioral Risk Factor Surveillance System is an ongoing telephone survey of Washington residents age 18 years and older. The Washington State Department of Health uses the BRFSS to monitor important health behaviors in order to better understand health risk exposure, health promotion, and disease prevention among the population. Data from the 2003 and 2004 surveys were used to create this series of fact sheets.



Definition of Disability

The 2003 and 2004 Washington State BRFSS included two items to identify respondents with disabilities. A person was defined as having a disability if he or she reported:

- Being limited in activities because of physical, mental, or emotional problems, or
- Having health problems that require them to use special equipment.

Technical Notes

Significance of relationships was assessed using the Mantel-Haenzel chi-square test. All statistical comparisons discussed herein were significantly different ($p < 0.05$). Figures show the 95% confidence intervals around sample estimates. These confidence intervals represent a range of values within which we can be 95% sure the true value for the population lies. If confidence intervals do not overlap, the values are considered to be statistically different.

Thank You!

These fact sheets were developed by the University of Washington Center for Disability Policy and Research and the Washington State Department of Health, Genetic Services Section. We would like to thank all those who provided feedback on the fact sheets, including the Assessment Unit and Children with Special Health Care Needs Program at the Department of Health.

These fact sheets are available on the Genetic Services Section website at <http://www.doh.wa.gov/genetics>.

Questions or Comments?

If you have any questions or comments about these fact sheets, please contact us at:

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Disability & Health Disparities in Washington State

OVERVIEW OF HEALTH

Behavioral Risk Factor Surveillance System (BRFSS)

Describing Health

People with disabilities were more likely than those without disability to report fair or poor health, regardless of differences in age, education, income, gender, race, and body mass index.

Definition of Disability

A person with a disability was defined in BRFSS as someone who reported:

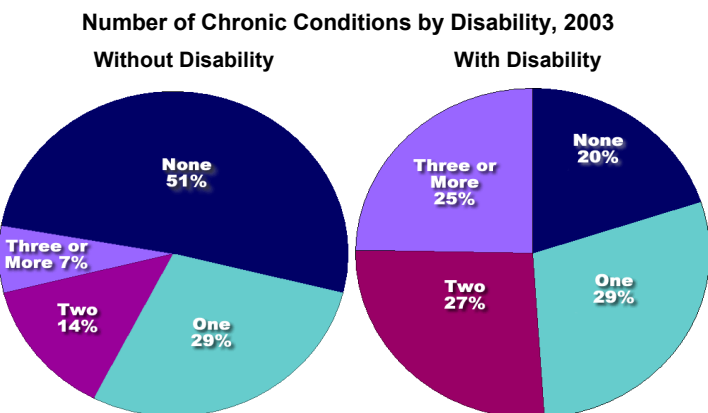
- Being limited in any way in any activities because of physical, mental, or emotional problems, or
- Having health problems that require them to use special equipment.

All statistical comparisons discussed herein were significantly different at $p < .05$. Figures show the 95% confidence intervals around sample estimates.

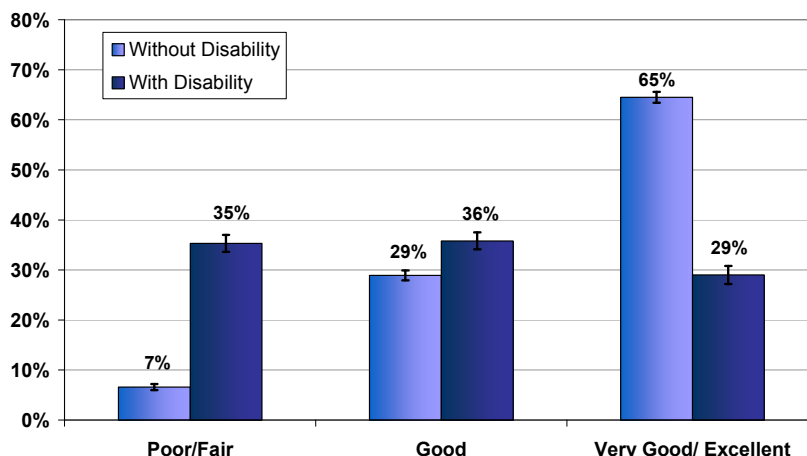
Quality of Life

BRFSS measured health-related quality of life with questions about the number of days in the last month when physical or mental health were "not good." People who said that their health was not good were asked the number of days poor health kept them from doing their usual activities.

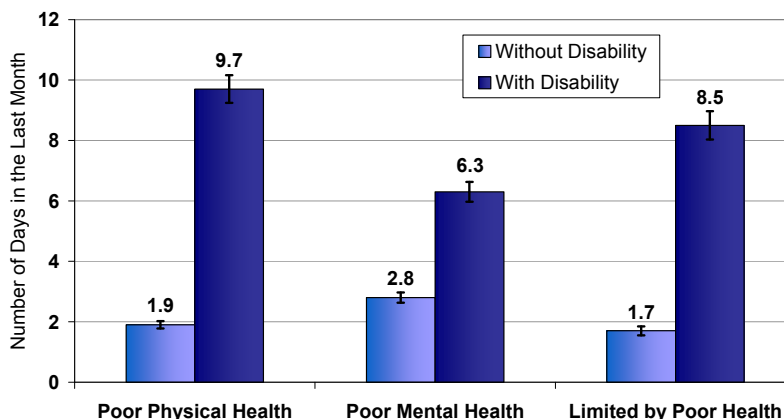
People with disabilities reported more days of poor physical and mental health, and more days during which their health limited what they did.



Health Status by Disability, 2004



Health Related Quality of Life by Disability, 2004



Chronic Health Problems

High blood pressure, high cholesterol, diabetes, asthma, joint pain, and depression were more common among people with disabilities than those without. Also, having two or more conditions was more common among people with disabilities.

You might expect that people with disabilities had more of these conditions because, on average, they were older. However, this was true even among people of the same age group.

Disability & Health Disparities in Washington State

ACCESS TO HEALTH CARE

Behavioral Risk Factor Surveillance System (BRFSS)

Who Uses Health Care?

Compared to adults without disabilities, adults with disabilities were more likely to:

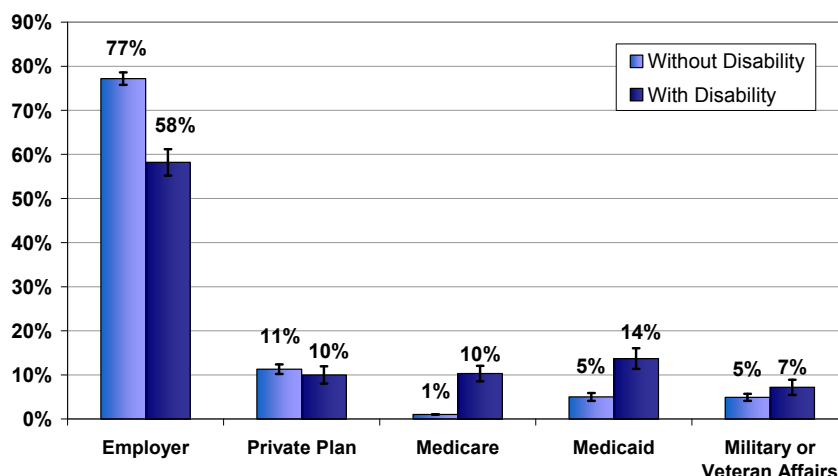
- Report a routine checkup with a doctor in the past year (73% vs. 82%, respectively).
- Have one or more personal health care providers (76% vs. 85%, respectively).
- Have some kind of health care insurance (84% vs. 87%, respectively).

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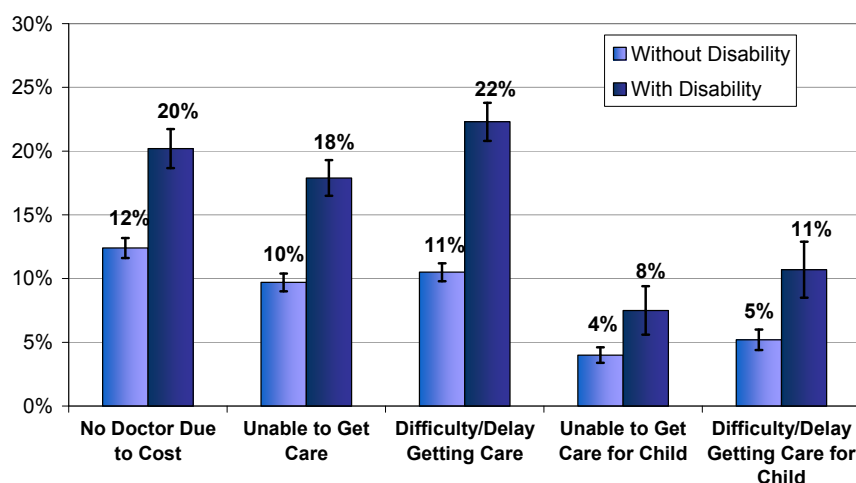
Health Insurance Coverage Ages 18-64 by Disability, 2004



Insurance Coverage

There were significant differences in the kind of insurance coverage for working-age people with and without disabilities. People with disabilities ages 18-64 years were less likely to have insurance through an employer, and more likely to be covered by Medicare or Medicaid. Coverage among people older than 65 years did not differ by disability.

Health Care Access by Disability, 2003 & 2004



Health Care Access

Having insurance did not necessarily mean that someone had access to care. People with disabilities were more likely to say that they had been unable to see a doctor due to cost. They also reported that they or another adult or child in their household had been unable to or had difficulty in getting needed care in the past year.

All statistical comparisons discussed herein were significantly different at $p < .05$. Figures show the 95% confidence intervals around sample estimates.



DOH 344-032 June 2006

For more information, contact the Washington State Department of Health, Genetic Services Section at:
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CANCER RISKS & SCREENING

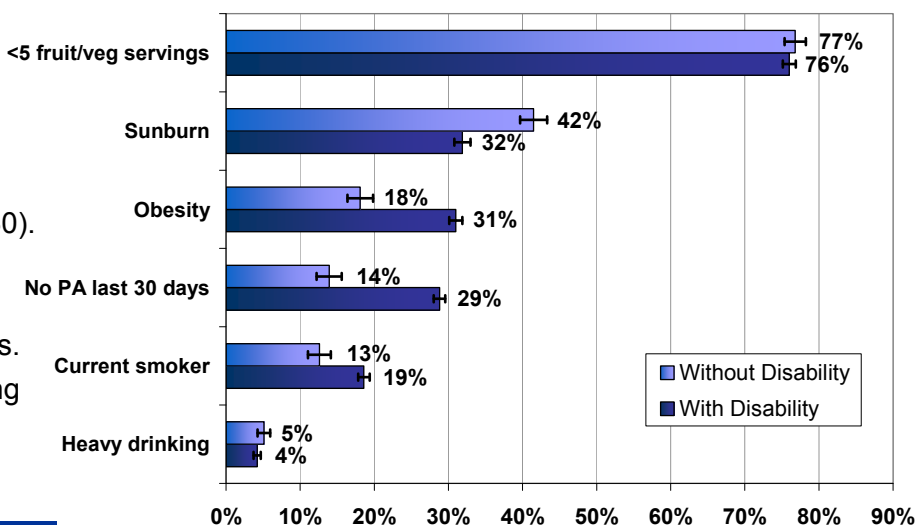
Behavioral Risk Factor Surveillance System (BRFSS)

Cancer Health Behaviors

Compared to adults without disabilities, people with disabilities:

- Were equally likely to eat five daily servings of fruits and vegetables.
- Were less likely to report sunburn in the past 12 months.
- Were more likely to be obese (BMI ≥ 30).
- Were less likely to report any physical activity.
- Were more likely to be current smokers.
- Were less likely to drink alcohol. Among people who drank alcohol, people with and without disabilities were equally likely to drink heavily.

Cancer Risk Factors by Disability, 2004 & 2005



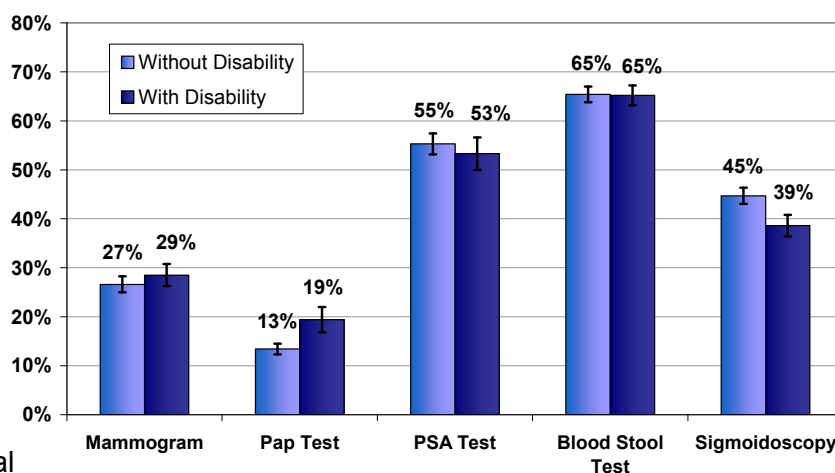
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Cancer Screening by Disability, 2003 & 2004



Who Uses Cancer Screening?

Compared to those without disabilities:

- Women with disabilities were less likely to have had a Pap test in past 3 years.
- People with disabilities age 50 years and older were more likely ever to have had a sigmoidoscopy or colonoscopy.

However, people with disabilities had similar rates of age-appropriate screening for most cancers. There were no disability-related differences in the rates of mammography, PSA testing, or blood stool testing for colorectal cancer.



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Disability & Health Disparities in Washington State

HEART DISEASE & STROKE

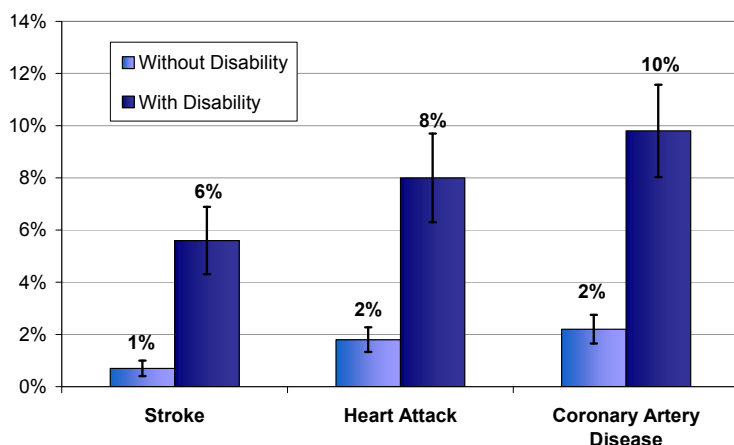
Behavioral Risk Factor Surveillance System (BRFSS)

Health Conditions and Habits

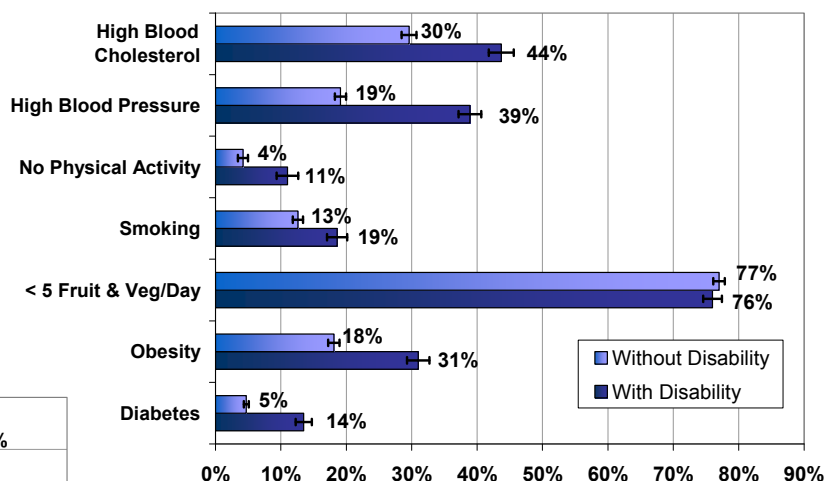
The occurrence of stroke, heart attack, and coronary artery disease was much higher among adults with disabilities than those without. This was the case even among people of the same age group.

In addition, people with disabilities were more likely to have health conditions or behaviors that put them at higher risk for heart disease and stroke.

Cardiovascular Diseases by Disability, 2004



Prevalence of Risk Factors by Disability, 2003 & 2004



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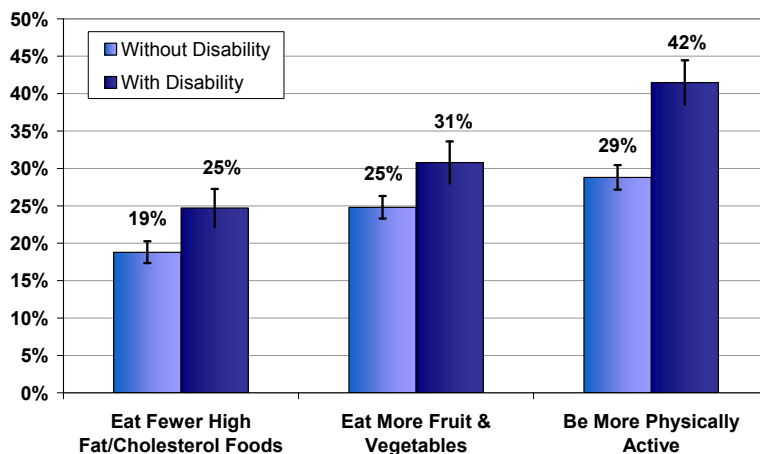
Who Gets Health Counseling?

It is thought that people are more likely to change their behaviors when counseled by a health professional. Compared to people without disabilities, people with disabilities were more likely to report receiving counseling to eat fewer high fat or high cholesterol foods, to eat more fruits and vegetables, and to be more physically active.

However, a person's age, level of obesity, and race or ethnicity were more strongly related to counseling than was disability itself.

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Cardiovascular Disease Prevention Counseling by Disability, 2004



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Disability & Health Disparities in Washington State

INJURY & VIOLENCE

Behavioral Risk Factor Surveillance System (BRFSS)

Firearms

The presence of unlocked firearms in the home has been linked to firearm injuries. In 2003, people with disabilities were at high risk for this kind of injury. They were more likely to have guns around their home (35% vs. 32%), to keep them loaded (8% vs. 6%), and to have loaded guns unlocked (6% vs. 4%) than were people without disabilities.

Falls

Persons with disabilities age 45 years and older were more likely than those without disabilities to have fallen in the three months prior to the survey. Those with disabilities who fell were more likely to be injured in the fall.

Violence

People with disabilities were more vulnerable to violence than were those without disabilities. Men and women with disabilities were more likely to report that as children they:

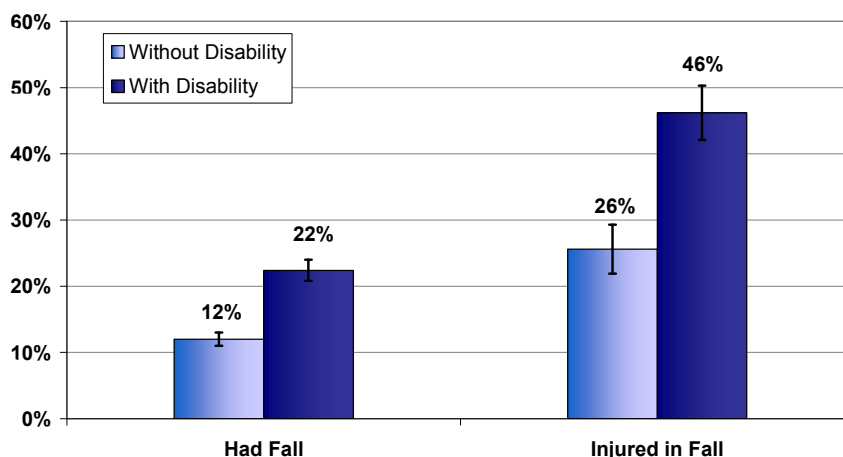
- Had been touched or made to touch others in a sexual place when they did not want to.
- Received substantial physical punishment.
- Had witnessed physical abuse of a parent or guardian by that person's spouse or partner.

Disability was associated with vulnerability to adult abuse as well. People with disabilities were more likely to say that:

- They had ever been forced to have sex.
- They had been physically abused by an intimate partner in the past year.
- An intimate partner had limited their activities, threatened them or made them feel unsafe in the past year.

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Falls by Disability, 2003

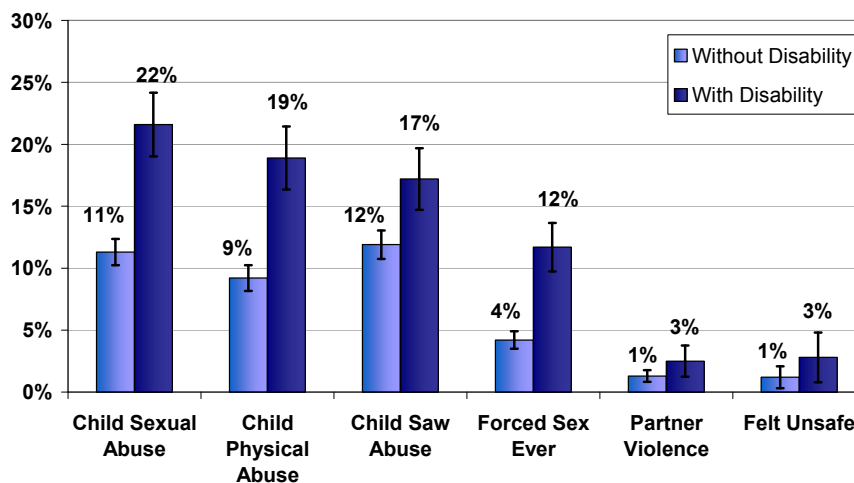


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Family and Partner Violence by Disability, 2004



Disability & Health Disparities in Washington State

ORAL HEALTH

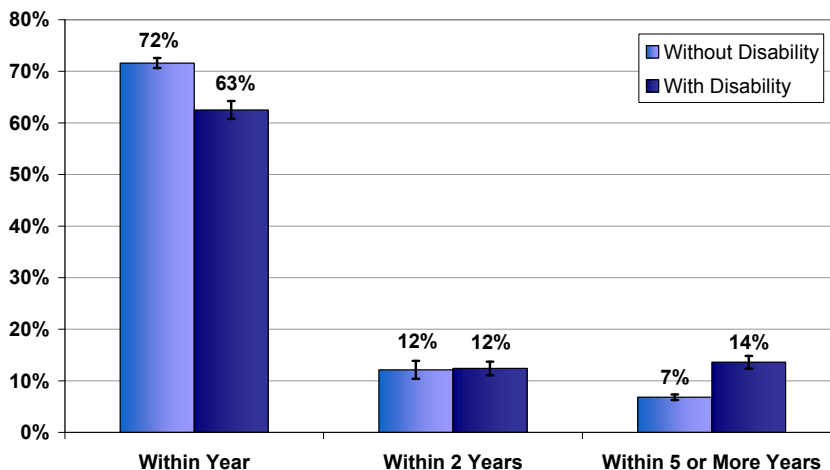
Behavioral Risk Factor Surveillance System (BRFSS)

Dental Visits and Care

People with disabilities reported poorer oral health and less recent use of dental care. Compared to people without disabilities, those with disabilities:

- Were less likely to have visited a dentist for any reason in the past year.
- Were less likely to have had their teeth cleaned in the past year.
- Were more likely to have gone 3 to 5 years without tooth cleaning.
- Had lost more teeth due to infection or decay.

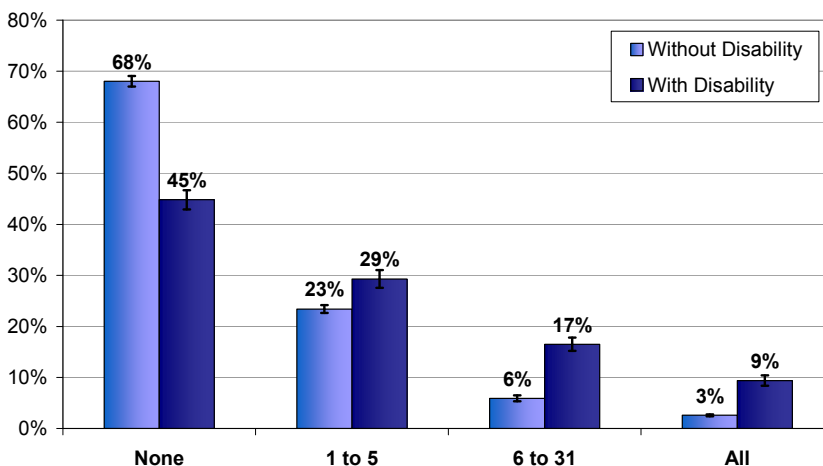
Dental Visits by Disability, 2004



Dental Insurance

According to the 2001 BRFSS, people with disabilities were significantly less likely than those without disabilities to say they had dental insurance (59% vs. 68%, respectively). Lack of insurance was strongly related to whether or not someone recently used dental care.

Number of Permanent Teeth Removed by Disability, 2004



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Disability & Health Disparities in Washington State

OBESITY & PHYSICAL ACTIVITY

Behavioral Risk Factor Surveillance System (BRFSS)

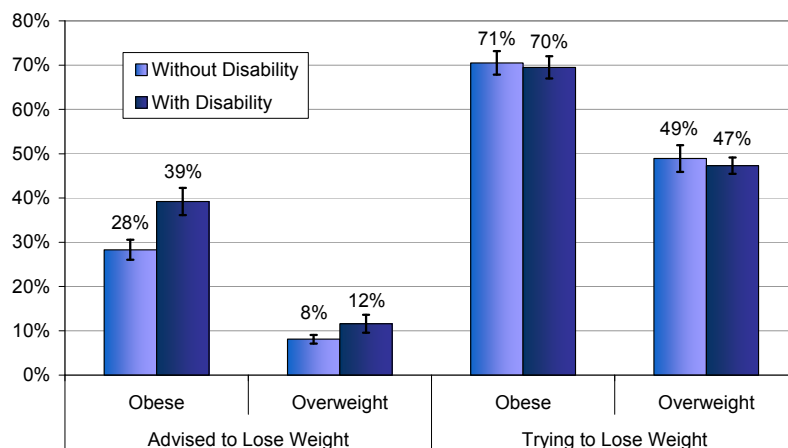
Weight and Weight Loss

In 2003, people with disabilities were at equal risk of overweight (BMI* 25.0-29.9) and nearly at twice the risk of obesity (BMI* ≥ 30.0) than were those without disabilities, even when other predictors of excessive weight were the same.

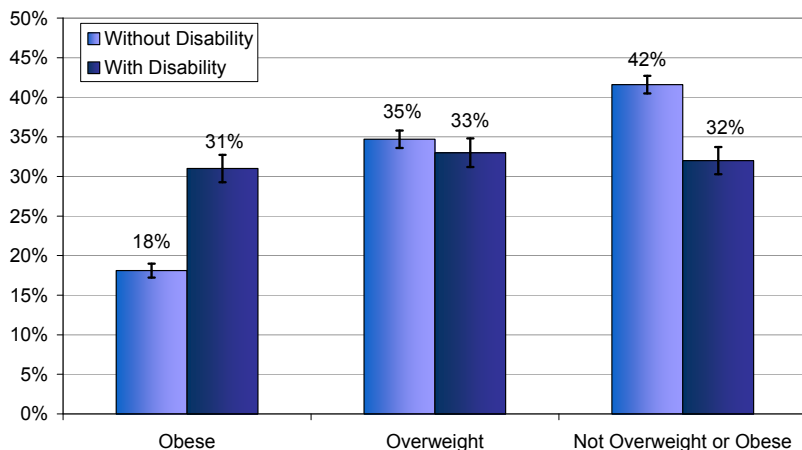
People with disabilities were significantly less likely to use physical activity to reduce their weight, but equally likely to try to eat fewer calories.

*BMI = Body Mass Index, a standard scale used to relate a person's body weight to their height.

Weight Loss Efforts by Disability, 2003



Weight by Disability, 2004

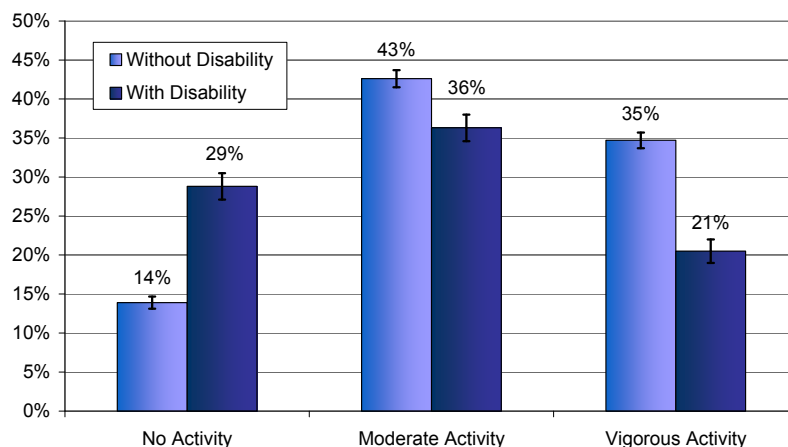


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Physical Activity by Disability, 2003 & 2004



Physical Activity

Physical activity is an important way to promote health and control weight. People with disabilities were much less likely to be physically active than those without. Among employed people, 67% of those without disabilities and only half of those with disabilities were adequately active when both occupational and recreational activity were considered.

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Disability & Health Disparities in Washington State

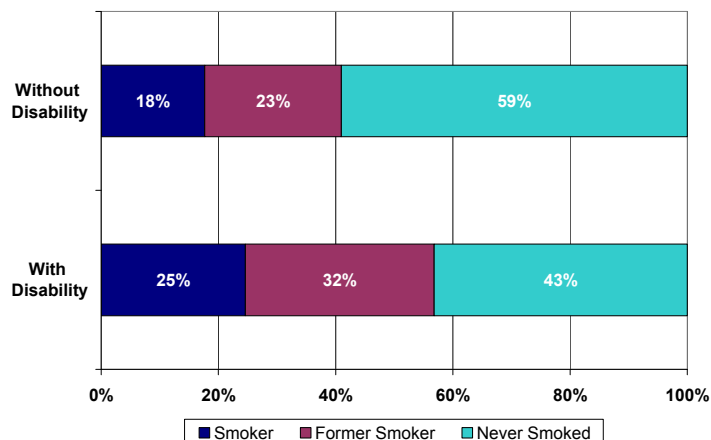
TOBACCO CESSATION

Behavioral Risk Factor Surveillance System (BRFSS)

Smoking

People with disabilities had higher rates of smoking compared to people without disabilities. This was true even among people of the same age, income, education, sex, race/ethnicity, and health status. Smokers with disabilities averaged more cigarettes per day (14.6) than did those without disabilities (11.9).

Smoking by Disability, 2004



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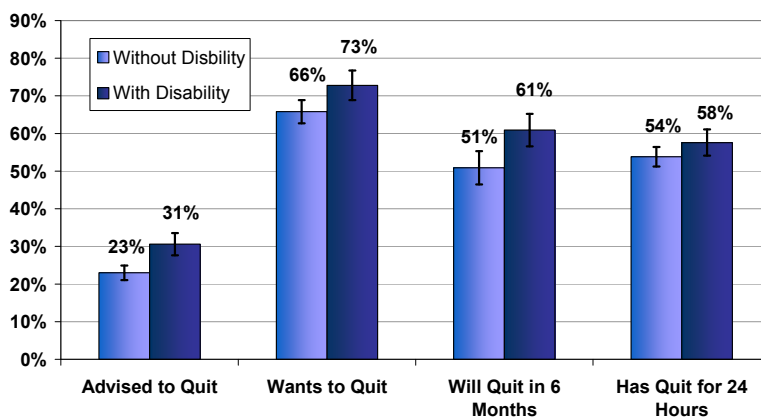
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Motivation to Stop Smoking

Compared to smokers without disabilities, those with disabilities were:

- More likely to have been advised to quit by a health care provider in the past year.
- More likely to report that they wanted to quit smoking.
- More likely to say they would quit in the next 6 months.
- Equally likely to have quit for 24 hours or more.

Motivation to Quit Smoking by Disability, 2004

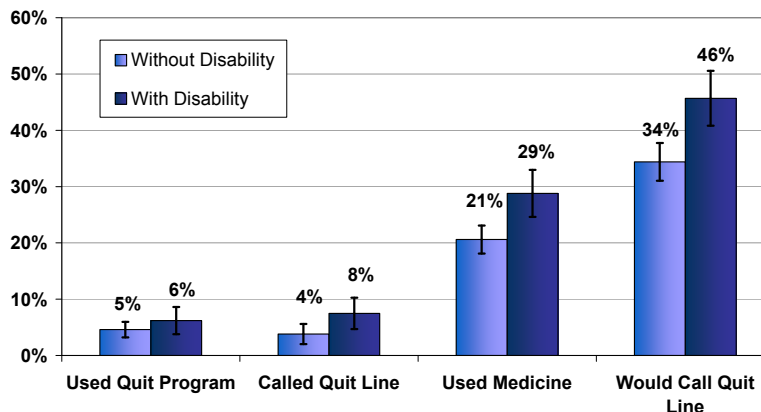


Use of Supports

When compared to smokers without disabilities, those with disabilities showed:

- More willingness to call a phone quit support line.
- More experience with nicotine patches and other medications to help quit tobacco.
- Equal use of community cessation programs.
- Equal use of the Department of Health Quit Line.

Use of Supports by Disability, 2004





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